

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155764		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 12/14/2012	
NAME OF PROVIDER OR SUPPLIER SPRING MILL HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87TH AVE MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00116313 and IN00116232 completed on October 9, 2012.</p> <p>This visit was in conjunction the Post Survey Revisit to the Investigation of Complaints IN00117692 and IN00118202 completed on October 23, 2102.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00120199.</p> <p>Complaint IN00116313-Corrected Complaint IN00117473-Corrected</p> <p>Survey dates: December 12, 13, & 14, 2012</p> <p>Facility number: 010739 Provider number: 155764 AIM number: 2002856890</p> <p>Survey team: Janet Adams, RN</p> <p>Census bed type: SNF: 41 SNF/NF: 8 Residential: 58 Total: 107</p> <p>Census payor type: Medicare: 38 Medicaid: 5 Other: 64 Total: 107</p> <p>Sample: 8 Residential sample: 3</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	<p>Continued From page 1</p> <p>Spring Mill Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaints IN00116313 and IN00116232.</p> <p>Quality review completed 12/20/12 Cathy Emswiller RN</p>			{F 000}			